STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Custer County Chronicle		2. DATE: 9-27-2024
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 50.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): P.O. Box 551, Custer SD 57730-0551		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): P.O. Box 551, Custer SD 57730-0551		
6. FULL NAME OF PUBLISHER: Jerry Lenander		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: SHP Holdings LLC	COMPLETE MAILING ADDRESS: P.O. Box 551, Custer SD 57730	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	2130	2047
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	304	292
2. Mail Subscription (Paid and or requested)	1065	1086
3. Paid Electronic Copies	430	347
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1799	1725
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	40	40
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1839	1765
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	150	150
2. Return from News Agents	141	132
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	2130	2047

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

General Manager / Editor
(Title)

State of South Dakota)
County of Custer)
(Seal)

Sworn to before me this 27 day of September, 2024

Jeanne Fuerstenberg
Notary Public

My commission expires: NOV 30 2027

JEANNE FUERSTENBERG NOTARY SEAL PUBLIC STATE OF SOUTH DAKOTA

Form: SOS REC 051 9/2016